

INSTRUCTION STAFF APPLICATIONS (NATCEP)

DO NOT SUBMIT IF THE PROGRAM DIRECTOR IS THE SOLE INSTRUCTOR.

This application is for Registered Nurses (RNs) or Licensed Practical Nurses (LPN's) who will be the primary instructor(s) in an OBRA approved nursing assistant training program. Guest speakers need not be listed on this application; however, the use of additional instructional staff must be in accordance with OBRA requirement CFR 483.152. Other instructional staff must be approved by the program director and this staff must not supplant the primary teaching duties of the instructor.

1. NAME		HOME TELEPHONE NUMBER (INCLUDE AREA CODE ()		WORK TELEPHONE NUMBER (INCLUDE AREA CODE ()	
HOME ADDRESS				2. REGISTERED LPN NURSE LICENSE NUMBER	
CITY		STATE	ZIP CODE	EXPIRATION DATE	E-MAIL ADDRESS
3. Is your Registered Nurse/LPN license number encumbered or otherwise limited due to disciplinary or other action? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the action below.					
4. NAME OF FACILITY OR INSTITUTION WHERE APPLICANT SERVES (OR WILL SERVE) AS INSTRUCTOR				TELEPHONE NUMBER (INCLUDE AREA CODE ()	
ADDRESS		CITY		STATE	ZIP CODE
5. List the applicant's professional experience for the past three years. Include employer name, your job title and how long (in months) you were employed doing this job. Specifically address your experience in caring for the elderly and/or chronically ill of any age. Attach a separate sheet if necessary. Please specify how your experience meets the requirement for providing care to the elderly or chronically ill					
				Yes	No
6. a. Have you completed the required "Train the Trainer" program?				<input type="checkbox"/>	<input type="checkbox"/>
b. If no, have you completed a course in "Teaching Adults"?				<input type="checkbox"/>	<input type="checkbox"/>
c. If you answered yes to a. or b. above, please provide a copy of your certificate of completion.					
d. If the answer to a. or b. above is no, please describe your experience teaching adult courses over and above in-service education or patient teaching. Please be specific about when, where and for how long you taught.					
e. If the answer to a. or b. above is no, have you supervised Nursing Assistants? Please specify when, where and for how long.				<input type="checkbox"/>	<input type="checkbox"/>
7. Will your primary teaching responsibility include: <input type="checkbox"/> Classroom <input type="checkbox"/> Clinical <input type="checkbox"/> Both					
SIGNATURE OF APPLICANT				DATE	